South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #1	Effective Date: **7/24/96**	Page: 1 of 2
Subject: **DISPATCH**		

I. STANDARD

1. Licensed aid and/or ambulance services shall be dispatched to all emergency medical incidents per the response maps developed by local EMS & trauma councils and the South Central Region.

2. Trauma verified aid and/or ambulance services shall be dispatched to all known injury incidents, as well as unknown injury incidents requiring an emergent response.

II. PURPOSE

1. To provide timely care to all emergency medical and trauma patients.

2. To minimize "dispatch interval" in order to get trauma trained personnel to the scene of an injury incident as quickly as possible.

III. PROCEDURE

1. The nearest "appropriate" aid and/or ambulance service shall be dispatched per the above standards.

2. Trauma verified services should proceed “code” until they have been advised of non-injury or minor injury status.

IV. DEFINITION

1. “Appropriate” is defined as “the trauma verified or licensed prehospital service that responds within an identified service area.

2. “Code” is defined as an emergency response

3. "Dispatch Interval" is defined as "The time from the time the call is received by the dispatcher to the time the first unit is dispatched.

V. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

Developed 6/22/94
Amended & Adopted 6/27/96

Approved 7/16/96

Amended & Adopted 5/22/97
Reviewed/Amended 3/25/99

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #2	Effective Date: **7/24/96**	Page: 1 of 3
Subject: **RESPONSE TIMES**		

I. STANDARD

All licensed and trauma verified aid and/or ambulance services shall respond to emergency medical and injury incidents in a timely manner in accordance with WAC 246-976-390.

II. PURPOSE

1. To provide "timely" emergency medical services to patients who have medical and/or injury incidents requiring emergency care response.

2. To collect data required by the state Trauma Registry and by the regional Continuous Quality Improvement Plan.

III. PROCEDURES

1. Detailed maps of service areas are available through the South Central Regional office.

2. Trauma verified aid and/or ambulance services shall collect and submit documentation to the Washington State Trauma Registry. WAC 246-976-430

3. Included in the Trauma Registry information will be unit response time. WAC 246-976-430. Verified aid and/or ambulance services shall meet the minimum agency response times of 80% to response areas as defined in WAC 246-976-390.

TRAUMA VERIFIED AID SERVICE

Urban	8 minutes
Suburban	15 minutes
Rural	45 minutes
Wilderness	as soon as possible

TRAUMA VERIFIED AMBULANCE SERVICE

Urban	10 minutes
Suburban	20 minutes
Rural	45 minutes
Wilderness	as soon as possible

4. Regional Response time shall be periodically re-evaluated as Trauma Registry data becomes available.

5. Trauma verified aid and/or ambulance services shall collect and submit documentation to show wilderness response times of "as soon as possible". They should be encouraged to set the Golden Hour as a goal whenever possible.

IV. DEFINITIONS

1. Urban - Incorporated area over thirty thousand, or an incorporated or unincoporated area of at least ten thousand people, or a population density over two thousand people per square mile. (WAC)

2. Suburban - Incorporated or unincorportated area with a population of 10,000 to 29,000, or any area with a population density of less than 1,000 per square mile. (WAC).

3. Rural - Incorporated or unincorporated areas with total population less than 10,000, or with a population density of less than 1,000 per square mile. (WAC)

4. Wilderness - Any rural area that is not accessible by public (or private maintained) roadways. (WAC)

5. Response Time - Time from agency notification until the arrival on scene of the first EMS personnel. (This is defined in WAC and constitutes "activation time" plus "enroute time.")

6. This procedure does not prevent a local council from asking the Regional Council to adopt higher than state Response Time standards.

7. EMS personnel - First Responder skill level or higher.

V. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #3	Effective Date: **7/24/96**	Page: 1 of 4
Subject: **TRIAGE AND TRANSPORT**		

I. STANDARD

All licensed trauma verified aid and/or ambulance services shall comply with the State of Washington Prehospital Trauma Triage Destination Procedures as defined in WAC 246-976-390 and transport trauma patients to the most appropriate trauma designated service.

II. PURPOSE

1. To provide procedures for trauma system activation in accordance with the State of Washington Prehospital Trauma Triage Destination Procedure, other DOH approved triage tools and local MPD trauma patient care protocols.

2. To ensure that all emergency medical and/or trauma patients are transported to the most appropriate trauma designated facility in accordance with WAC 246-976-370.

3. To allow the receiving trauma designated service adequate time to activate their emergency medical and/or trauma response team.

III. PROCEDURE

1. The first certified EMS provider to determine that a patient meets the trauma triage criteria, shall contact their base station, medical control, or the receiving trauma service via their local communication system, as soon as possible.

2. EMS Providers and their organizations shall transport patients in accordance with the Washington State Trauma Triage Destination Procedure.

3. The Medical Control and/or receiving facility should be provided with the following information, as outlined in the Prehospital Trauma Triage Destination Procedure:

a. Vital Signs
b. Level of Consciousness
c. Anatomy of Injury
d. Biomechanics of Injury
e. Co-morbid Factors

4. Major trauma patient will be identified as the following:

   a. Patients meeting the first two steps of the current State of Washington Prehospital Trauma Triage Procedures published by DOH-EMS or any other DOH approved triage tool.

   b. Patients activating the Region's Trauma Services and hospitals in-house and full trauma team activation

   c. Patients included by the Region's Prehospital services, designated trauma services, and hospitals in the state trauma registry using the trauma registry inclusion criteria as outlined in WAC 246-976-430.

5. If a patient meets the trauma triage criteria, a Washington State Trauma Registry Band should be attached to the patient's wrist or ankle.

6. Patients meeting trauma triage criteria are major trauma patients who may or may not have the ability to make an informed decision, shall be transported to a designated trauma service in accordance with the State of Washington Prehospital Trauma Triage Destination Procedure or other DOH approved trauma triage destination procedure.

7. If prehospital personnel are unable to effectively manage a trauma patient's airway, an ALS rendezvous or an immediate stop at the nearest facility capable of immediate definitive airway management should be considered.

8. Prehospital personnel may request response or rendezvous with ALS/ILS providers and all EMS providers may request emergency aero-medical evacuation if they are unable to effectively manage a trauma patient.

9. Medical and injured patients who do not meet Prehospital triage criteria for trauma system activation will be transported to local facilities according to local MPD protocols and county operating procedures.

10. While enroute and prior to arrival at the receiving facility, the transporting agency should provide a complete report to the receiving hospital regarding the patient's status via radio or other approved communication system per local protocols.

11. South Central Region Designated Trauma services and maps of their locations are available from the Regional Council office.

12. Designated trauma services shall have written procedure and protocol for diversion of trauma patients when the facility is temporarily unable to care for trauma patients.

13. Before leaving the receiving facility, the transporting agency will leave a completed MPD approved medical incident report (MIR) form or provide the information that entered the patient into the trauma system in the "receiving facility" approved method. The additional information from the medical incident report (MIR) shall be made available to the receiving facility as soon as possible in accordance with WAC 246-976-330.

IV. DEFINITION

Designated Trauma Service - a health care facility or facilities in a joint venture, who have been formally determined capable of delivering a specific level of trauma care by the Department of Health.

V. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

Developed 6/22/94
Adopted 6/27/96
Approved 7/16/96
Amended & Adopted 5/22/97
Reviewed/Revised 5/25/00

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #4	Effective Date: **7/24/96**	Page: 1 of 2
Subject: **INTERFACILITY TRANSFER**		

I. STANDARD

1. All interfacility trauma patient transfers via ground or air shall be provided by a trauma verified services with personnel and equipment to meet trauma patient needs.

2. Immediately upon determination that patient needs exceed the scope of practice and/or protocols, EMS personnel shall advise the facility that they do not have the resources to do the transfer. (WAC 246-976-890)

II. PURPOSE

Provide a procedures that will achieve the goal of transferring high risk trauma and medical patients without adverse impact to clinical outcomes.

III. PROCEDURES

1. Medical responsibility during transport should be arranged at the time of initial contact between receiving and referring physicians, and transfer orders should be written after consultation between them. Facilities having transfer agreements for trauma patients are attached as a reference.

2. Prehospital protocols shall be followed during an EMS transport in the event that an emergency situation occurs while in route that is not anticipated prior to transport.

3. While enroute, the transporting agency should communicate patient status and estimated time of arrival (ETA) to the receiving facility per local protocols.

IV. DEFINITIONS

Scope of Practice: Patient care within the scope of approved level of EMS certification and/or specialized training as described in WAC 246-976-040.

V. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

Developed 6/95
Adopted 6/27/96
Approved 7/16/96
Reviewed/Amended 5/25/00

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #5	Effective Date: **7/24/96**	Page: 1 of 1
Subject: **MEDICAL COMMAND AT SCENE**		

I. STANDARD

The Incident Command System shall be used.

II. PURPOSE

To define who is in medical command at the EMS scene and to define line of command when multiple EMS agencies respond.

III. PROCEDURE

1. Medical command will be assigned by the Incident Commander.

2. Whenever possible, the medical commander/Medical Group Supervisor will be an individual trained in the Incident Command System (ICS), familiar with both the local EMS resources and the county MCI and disaster plan, and capable of coordinating the medical component of a multiple patient incident.

IV. QUALITY ASSURANCE

1. The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Regional CQI Committee will analyze data for patterns and trends and for compliance with Regional standards of trauma care.

Approved 7/16/96

Developed 9/95
Amended & Adopted 5/22/97
Reviewed/Amended 3/25/99

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #6	Effective Date: **7/24/96**	Page: 1 of 2
Subject: **EMS / MEDICAL CONTROL COMMUNICATIONS**		

I. STANDARD

Communications between Prehospital personnel and trauma services will utilize the most effective communication means to expedite patient information exchange.

II. PURPOSE

To define methods of expedient communications between Prehospital personnel and trauma services.

III. PROCEDURE

1. The State of Washington and the South Central Region EMS & Trauma Care Council will coordinate with the Prehospital providers and trauma services to develop the most effective communication system based on the EMS provider's geographic and resource capabilities.

2. Communication between EMS providers and the trauma service can be direct provider to trauma service or indirect provider to dispatching agency to trauma service.

3. County EMS/TC Councils will be responsible for establishing communication procedures between the EMS provider(s) and the trauma service(s) with input from the County MPD.

4. The EMS agencies will maintain communication equipment and training needed to communicate in accordance with WAC 246-976-310.

a. Ground ambulance and aid services shall provide each licensed vehicle with communication equipment which:

(1) Is in good working order

(2) Allows direct two-way communication between the vehicle and its system control point

(3) If cellular are used, there must also be a method for radio contact with dispatch and medical control.

b. In addition prehospital services shall provide each licensed ambulance with communication equipment which:

(1) Allows direct two-way communication, from both the driver's and patient's compartments, with all hospitals in the service area of the vehicle

(2) Incorporates appropriate encoding and selective signaling devices if appropriate

(3) When transporting patients out of normal service area, allows for communications with receiving facilities

IV. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #7	Effective Date: **7/24/96**	Page: 1 of 2
Subject: **HELICOPTER ALERT AND RESPONSE**		

I. STANDARD:

Request emergency medical helicopter to the scene of an identified trauma patient as soon as possible.

II. PURPOSE:

To define the criteria for request of on-scene emergency medical helicopter and who may initiate the request.

III. PROCEDURE:

1. On-scene emergency medical helicopter may be requested for patients in areas greater than 30 minutes ground ambulance transport time from a hospital who meet the first two steps of the Washington State Trauma Triage Criteria or other injury criteria that requires rapid transport.

2. The highest level EMS certified person on-scene should determine the need for on-scene emergency medical helicopter response, however on-scene law enforcement personnel may request emergency medical helicopter response when EMS personnel are not readily available.

2. Request for on-scene emergency medical helicopter should be initiated through the appropriate emergency dispatch agency. The dispatching agency will provide the helicopter with the correct radio frequency to use to contact EMS ground units.

3. The emergency medical helicopter will transport the trauma patient to the highest designated level trauma service within 30 minutes air transport time from the scene.

5. The helicopter will make radio contact with the receiving trauma service at or shortly after lift off from the scene.

IV. QUALITY ASSURANCE

1. Reports of emergency medical helicopter launches including cancels and transports with destinations will be submitted to the regional Continuous Quality Improvement committee. These will be reviewed to develop a definition of the most appropriate circumstances for helicopter request.

2. The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #8	Effective Date: **7/24/96**	Page: 1 of 2
Subject: **DIVERSION**		

I. STANDARD:

All designated trauma services within the Region will have hospital approved policies to divert trauma patients to other designated trauma facilities.

II. PURPOSE:

To divert trauma patients to other designated trauma facilities based on the facility's inability to provide initial resuscitation, diagnostic procedures, and operative intervention.

To identify communication procedures for diversion of trauma patients to another accepting facility.

III. PROCEDURE:

1. Trauma Services must consider diversion when essential services including but not limited to the following are not available:

    a. Surgeon
    b. OR
    c. For a Level II - CT
    d. For a Level II - Neuro Surgeon
    e. ER is unable to manage additional patients.

2. Each trauma service will have written policies and procedures that outline reasons to divert trauma from their service.

3. When the trauma service is unable to manage major trauma, they will have an established procedure to notify the EMS transport agencies and other trauma services in their area that they are on trauma divert.

4. Each designated trauma service will maintain a diversion log providing time, date and reason for diversion. This log will be made available to regional CQI Committee for review if requested.

.

Note: Exceptions to diversion:

a. Airway Compromise
b. Traumatic Arrest
c. Disaster

IV. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

Developed 5/95
Approved 7/16/96
Reviewed/Amended 3/25/99

PATIENT CARE PROCEDURE # 9	Effective Date: 5/22/97	Page: 1 of 3
Subject: BLS/ILS Ambulance Rendezvous with ALS Ambulance		

I. STANDARD

In service areas with only BLS/ILS ambulances, a "rendezvous" with an ALS response will be "attempted" for all patients who may benefit from ALS intervention.

II. PURPOSE

To provide ALS intervention based on patient illness and or injury and the proximity of the receiving facility in areas serviced by only BLS/ILS ambulances.

III. PROCEDURE

1. Each local EMS & Trauma Care Council may adopt policy addressing ALS ambulance rendezvous that meets or exceeds the standard and purpose described above and provide a copy to the Regional Council.

2. Each MPD may adopt a protocol addressing ALS ambulance rendezvous that meets or exceeds the standard and purpose described above and provide a copy to the Regional Council.

   .

3. Local EMS & Trauma Care Councils and MPDs that choose not to adopt their own protocol or policy shall adhere to the following procedures:

   A. Emergency Medical Dispatch Guidelines will be used to identify critically ill or injured patients

   .

   B. When an ALS response is deemed necessary or requested, the ALS service shall be dispatched with the BLS/ILS ambulance or as soon as possible.

   C. The BLS/ILS ambulance may request ALS ambulance rendezvous at any time.

D. Based on updated information, BLS/ILS personnel either while in route or on scene may determine that ALS intervention is not needed. The responding ALS ambulance may be notified and given the option to cancel.

3. Upon rendezvous, the method of transport ie. BLS vehicle or ALS vehicle shall be based on the best interest of patient's care in accordance with RCW 18.71.210.

IV. DEFINITION

1. **ALS** - Advanced Life Support as defined in WAC 246-976-010

2. **Attempted** - after identification of the need for ALS intervention, every effort will be made to arrange a BLS/ILS ambulance with ALS ambulance rendezvous.

3. **BLS -** Basic Life Support as defined in WAC 246-976-010.

4. **Emergency Medical Dispatch Guidelines** - established and accepted emergency medical dispatching guidelines that utilize specific questions and responses to determine EMS levels to be dispatched.

5. **ILS** - Intermediate Life Support as defined in Chapter 18.71 RCW .

6. **Rendezvous** - a pre-arranged agreed upon meeting either on scene, in route from or another specified location.

V. QUALITY IMPROVEMENT

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE #10	Effective Date: **5/22/97**	Page: 1 of 1
Subject: **TRAUMA SYSTEM DATA COLLECTION**		

I. STANDARD

All trauma system resources (verified EMS agencies and designated trauma services) shall collect and submit the required Trauma Registry data to the Department of Health per WAC 246-976-330.

II. PURPOSE

1. To have a means to monitor and evaluate patient care and outcomes and the effectiveness of the EMS and Trauma Care delivery system.

2. Have a method of collecting information for quality improvement, injury surveillance and research.

III. PROCEDURE

1. EMS agencies will identify trauma patients using the parameters set by the Washington State Trauma Triage Tool or other DOH approved triage tool.

2. Designated trauma services will identify trauma patients using the Trauma Registry inclusion criteria.

3. All trauma system resources (verified EMS agencies and designated trauma services) will report accurate, complete data to the Trauma Registry per WAC 246-976-430.

IV. QUALITY IMPROVEMENT

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will

analyze data for patterns and trends and compliance with Regional standards of trauma care.

Approved 9/15/99 Reviewed/Amended 5/25/00

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE # 11	Effective Date:	Page: 1 of 2
Subject: Routine EMS Response Outside of Recognized Service Coverage Zone		

I. STANDARD

Establish a continuum of patient care per the South Central Region EMS & Trauma Care Council's Trauma Plan

II. PURPOSE

Provide an avenue for reliable EMS agency relationships and coordination of optimal trauma/medical patient care as described in the Regional Trauma Plan.

III. PROCEDURE

1. Local EMS & Trauma Care Councils will identify EMS agencies within the South Central Region and from other regions who routinely respond into areas beyond their recognized service coverage zone to provide trauma verified response and/or rendezvous.

2. Local EMS & Trauma Care Councils will identify and encourage specific EMS Mutual Aid Agreements among EMS agencies that routinely respond into other service coverage zones that address the following:

    a. Dispatch Criteria
    b. Highest Level of appropriate trauma verified EMS care utilized
    c. Transport to the appropriate designated trauma service or medical facility

IV. DEFINITION

1. Routine - Usual or established "response zone"

2. Response Area - A service coverage zone identified in an approved regional trauma plan.

V. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care.

South Central Region EMS & Trauma Care Council		
PATIENT CARE PROCEDURE # 12	Effective Date:	Page: 1 of 2
Subject: Emergency Preparedness/Special Responders		

I. STANDARD

Each county Emergency Management Administration within the South Central Region shall have a written Emergency Preparedness plan that includes EMS and health care facilities per RCW 36.40.180, 36.40.190,38.52.0703; WAC 118-30-060.

II. PURPOSE

To assure that the county Emergency Preparedness written plan addresses EMS and designated trauma services roles and responsibilities in multi-casualty and disaster incidents.

III. PROCEDURE

1. Local EMS & Trauma Care Councils will verify that EMS agencies and designated trauma services roles and responsibilities in county emergency preparedness plans are included and accurate.
2. Local EMS & Trauma Care Councils will verify and submit as an addendum a list of special responders from each county's emergency preparedness plans.

IV. DEFINITION

Special Responders - Organizations or individuals who provide and contribute emergency response and skills outside the usual and customary EMS response.

V. QUALITY ASSURANCE

The South Central Region Continuous Quality Improvement Committee, consisting of at least one member of each designated facility's medical staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of trauma care. The regional CQI Committee will analyze data for patterns and trends and compliance with Regional standards of care.

Reviewed/Amended 3/25/99

Approved 9/15/99